

## **REPORT OF HOTEL OCCUPANCY TAX CITY OF SAN ANTONIO COUNTY OF BEXAR**

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(c) FILING  (d) DUE DATE  Occupancy Tax and report are due on or before the last day of the month following the REPORTING PERIOD in (b).  (g) TRADE NAME AND CONTACT INFORMAT Trade Name:  Owner Name:  Location Address:			□ Located in t San Antonio □ Located in E City of San	Is this location    W   If no, as of w			Reporting taxes for the City of San Antonio and Bexar County on this report.  Reporting taxes only for the City of San Antonio on this report (Bexar County taxes are due and will be reported separately).  Reporting only Bexar County taxes on this report.  (h) STATUS OF BUSINESS  ion still in business? YES NO what date sold/transferred/closed:  In has been sold or transferred, provide the new trade name, the owner's set and telephone number.			
Mailing Address: (If other than locat			——WAKE							
Contact: Telephone Number:										
		(i) HOTEL OC	CUPANCY TAX CA	ALCULATIONS					CITY of SAN ANTONIO	BEXAR COUNTY
The City of San Antonio collects HOTEL OCCUPANCY TAXES for the City of San Antonio and for E Rooms located in the City of San Antonio will be reported in column ( j ). Rooms located in Bexar Couthose in all municipalities, will be reported in column ( k ).									( j ) Receipts for rooms located in City of San Antonio	( k ) Receipts for rooms located in Bexar County
TOTAL RECEIPTS: Enter the gross receipts for all sleeping rooms rented, including sleeping rooms claimin 1. exemption. Do not include miscellaneous charges such as for telephone, safes, personal services, and/or minibar, etc.								\$		
<b>EXEMPTIONS</b> : Enter exempted receipts. A Texas Hotel Occupancy Tax Exemption Certificate (Form 12-302) must be completed for each exemption claimed on this line. (Note: <i>Local exemptions are not the same as state exemptions</i> see instructions for details of allowable exemptions.)								-		
TAXABLE RECEIPTS: Enter the total taxable receipts by subtracting the EXEMPTED receipts (line 2) from the TOTAL 3. RECEIPTS (line 1).								=		
4. TAX RATE FOR CITY OF SAN ANTONIO (9%) AND BEXAR COUNTY (1.75%):								Х	.09	.0175
<ul><li>TAX: Multiply the TAXABLE RECEIPTS (line 3) by the TAX RATE (line 4) and enter results on this line.</li><li>5. Enter Bexar County tax, if any, on this line and on line 7.</li></ul>								=		
DISCOUNT: Payments made by the "20th day" following the end of the REPORTING PERIOD, where no outstand delinquent reports exist, may withhold a 1% discount. Multiply the CITY TAX (line 5) by .01, and enter the res 6. Non-qualifiers enter zero and continue to line 7. (Note: Bexar County does not grant a discount.)								Х		NOT APPLICABLE TO COUNTY TAX
TOTAL: Subtract DISCOUNT (line 6) from TAX (line 5), enter result here, and skip to line (11). If paid after the DUE  7. DATE (d), enter amount from line (5) here, and calculate late charges on lines (8-10).										
day after the DUE DATE (d). Multiply daily rate times the number of days delinquent, beginning with the 60th day after the DUE DATE (d). Enter the RATE in box (m). Calculate interest due by multiplying the RATE in box (m). Calculate interest due by multiplying the RATE in box (m) times the AMOUNT OF TAX on line (5), and enter the result in columns (j) and (k).						REST	rate %	+		
enter the result of calculations in column(s) (i) and (k) at far right. Note: The \ \frac{1}{2}5\%						lays	RATE late re days	+		
TOTAL LATE CHARGES:  10. Add the amounts on lines (8) and (9), and enter the total in columns (j) and (k) at right.								=		
AMOUNT DUE: If paying the tax current, enter the totals from line 7, columns (j) and (k), and proceed to the instructions in TOTAL TAX DUE below. If paying after the DUE DATE, enter the sums of Line 7 (TOTAL) and line 10 11. (TOTAL LATE CHARGES), columns (j) and (k), and proceed to the instructions in TOTAL TAX DUE below.								\$		
TOTAL TAX DUE: Add total amount(s) due on line (11), columns (j) and (k), and return this report with your check or money order payable to the City of San Antonio.  AFFIDAVIT										
I,										
Date	Date Telephone Number Title or Capa					acity Signature of Affiant				